

INSTRUCTIONS/CHECKLIST FOR APPLICATION FOR PROVISIONAL LICENSE TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGIST IN VIRGINIA (New Graduates Only)

READ THE FOLLOWING INFORMATION CAREFULLY BEFORE PROCEEDING:

- **Laws and Regulations:** Application requires an attestation to having read the applicable [laws and regulations](#).
- **Application documentation:** Applicant is responsible for notifying the source of the required documents to submit information directly to the board office by email, fax or postal mail. Optional forms for [licensure](#) and [employment](#) verification are available. Please allow 21 business days from initial mailing for board staff to receive and process an application. An initial email will be forwarded that provides notification of receipt and a list of any missing application documentation.
- **Application payment receipt:** A receipt may be printed upon approval of an online payment. Receipts for other forms of payment may be requested by email to audbd@dhp.virginia.gov.
- **Application tracking:** To view the application checklist, [log into](#) the individual application account and select “View Checklist” located in the “Pending Licenses” section. The link is not visible to applicants or the Board until required fee is paid. Allow approximately 21 business days for initial update to the checklist. Subsequent updates occur and documentation is received. For issues related to the checklist, send email to audbd@dhp.virginia.gov.
- **Application and Fee:** Application and fee must be submitted together by postal mail. An application fee of **\$50.00** is required; make check or money order payable to the “Treasurer of Virginia.” **All fees are nonrefundable.**
- **Initial license expiration dates:** Provisional licenses expired 18 months from date issue. (**Note:** An application for a full license is required prior to expiration of a provisional license if planning to continue practicing in Virginia.)
- **Supervision/Supervisors:** Specifically review [§54.1-2604](#) of the *Code of Virginia* and [18VAC30-21-70 \(D\), \(E\), & \(F\)](#) of the [Regulations Governing the Practice of Audiology and Speech-Language Pathology](#). (**Note:** Supervisors may notify the Board electronically or in writing of the intent to provide supervision for a provisionally licensed speech-language pathologist. A change in supervision requires notification to the Board. Notification may be sent via email to audbd@dhp.virginia.gov with “Supervision Notification” in the subject line).
- **Board Communication:** The Board’s method of communication with applicants is via email.

APPLICATION METHOD AND REQUIRED DOCUMENTATION:

Graduation or enrollment, completion of didactic coursework and passage of National Examination:

- Qualifying national examination scores. (**Note:** You are responsible for ensuring that your PRAXIS score is released to Virginia. The board office will retrieve your score.)
- Verification of degree or coursework by either submitting:
 - Transcript conferring degree from an accredited graduate program in speech-language pathology; **OR**
 - Documentation from a college or university whose program is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or an equivalent accrediting body. (**Note:** The board office accepts written documentation on school letterhead from the Department Head/Dean verifying completion of all didactic coursework required for the graduate degree.)

APPLICATION FOR PROVISIONAL SPEECH-LANGUAGE PATHOLOGY LICENSURE IN VIRGINIA (New Graduates Only)

Full Name (Please Print or Type)

Last:	First:	Middle Initial:		
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state in full every name by which you have been known. If the name stated above does not match name on required documentation, a copy of legal name change (i.e. marriage license or divorce) is required.				
Other names:				
Public Address for Disclosure:	City:	State:	Zip Code:	Telephone Number:
Address of Record (Mailing Address):	City:	State:	Zip Code:	Telephone Number:
ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals are not posted on the License Lookup program available through the board's website .				
*Social Security No. or Virginia DMV No.	Date of Birth (mm/dd/yyyy)	Email Address: Public <input type="checkbox"/> Private <input type="checkbox"/>		
Are you active-duty military?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is				YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
1) On federal active duty orders; or 2) A veteran who has left active duty service within one year of submission of this application?				
Graduation Date (mm/dd/yyyy)	Professional Degree(s)	School	City	State

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles [in Virginia](#). A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

ORIGINAL ISSUE DATE: _____ EXPIRATION DATE: _____

APPLICANT #	FEE	RECEIPT #	EXEC DIRECTOR APPROVAL/DATE	LICENSE #	REINSTATE DATE

1. List passage date (mm/dd/yyyy) of qualifying national examination:						
2. Have you actively been engaged in the practice of speech-language pathology prior to seeking licensure in Virginia?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. List all professional practice since license expired. Employment verification is required.						
Began Date mm/dd/yyyy	End Date mm/dd/yyyy	Name of Practice/City/State/Phone			Type of Practice (Private or Public Sector)	
4. List all U.S. jurisdictions in which you have ever been issued a professional license, including expired, to practice speech-language pathology (does not include teaching certificates issued by the Department of Education). If more space is required, please record on separate paper.						
Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (active/expired/inactive/revoked/suspended)		
QUESTIONS MUST BE ANSWERED. If any of the following questions (5-12) are answered yes, explain and provide documentation. Letters must be submitted by your attorney regarding malpractice suits.						
5. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations? Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, etc.)					YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (use a separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No					YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity (use a separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No					YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist. If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)					YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>9. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>12. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>13. AFFIDAVIT OF APPLICANT</p> <p>I have carefully read the laws and regulations related to the practice of speech-language pathology. I hereby agree to abide by and remain current with the applicable laws and regulations, which are available on the Board's website.</p> <p>I certify by entering my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.</p> <p style="text-align: center;"> _____ <i>Signature of Applicant</i> </p>		